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CHALLENGE  **TB**

Challenge TB - VIETNAM

Year 2

Quarterly Monitoring Report

April-June 2016

Submission date: July 29, 2016

Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 2 ACTIVITY PROGRESS	5
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 14	
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	16
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	17
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	19
7. QUARTERLY INDICATOR REPORTING	21

Cover photo:

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

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1. Quarterly Overview

Country	Vietnam
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements: *(Max 5 achievements)*

Sub-Obj. 2. Comprehensive, high quality diagnostics

- For GeneXpert implementation and roll out: With Challenge TB (CTB) technical support, NTP\GF NFM procurement of package of extended warranty for 28 GeneXpert (Xpert) machines, 10 modules & 2 central processing units (CPUs) for in-country stock under NTP\GF NFM 2015 have been placed. NTP has received the equipment/spare parts and replaced the defective ones; CTB will continue to provide technical support to NTP\GF NFM in the procurement of 20 new machines and 50.000 Xpert MTB\RIF cartridges under NTP\GF NFM 2016 covering all 63 provinces.
- CTB provided technical support in risk assessment, layout designs for lab biosafety level 2 and MDR-TB departments and for development of the renovation plans in 5 PMDT provinces of Binh Dinh (in Jan 2016), Bac Ninh, Phu Tho, Lang Son and Ha Nam (in April 2016). With the local and Global Fund investment, the renovation plans in 5 PMDT provinces were implemented. The labs and MDR-TB treatment departments in the TB hospitals in 5 PMDT provinces have been renovated and put into use for TB and MDR-TB diagnosis and treatment.

Sub-Obj. 3. Patient-centered care and treatment

- New TB drug Bedaquiline (BDQ) has been introduced in the country since November 2015. As of June 30, 2016, a cumulative total of 45 pre-XDR and XDR-TB patients in 3 pilot provinces have been enrolled on BDQ-containing treatment regimens. Since April 2016, the above mentioned 3 sites have also been implementing treatment of eligible MDR-TB patients with the shorter 9-month regimen. As of June 30, 2016, 66 MDR-TB patients have been enrolled on this shorter regimen. These new treatment options are in line with WHO recommendations that allow patients to receive the most appropriate and least toxic regimens.
- An international mission was conducted from 30 May to 3 June 2016 in Hanoi, Ho Chi Minh City, An Giang and Can Tho (CT) with the participation of NTP, NRL and KNCV to provide TA on national guidance on MDR-TB contact investigation; application and outcomes of QICA among enrolled MDR-TB patients; implementation of the diagnostic chain analysis (DCA) and the patient triaging protocol, including implementation of active drug safety monitoring and management (aDSM). Several recommendations were made including strengthening the patient triage, assisting contact investigation, shortening patient waiting time, use of DCA, QICA, the optimal use of e-TBM and support for CT in expanding its laboratory services.
- An international mission was conducted from 30 May to 7 June 2016 in Hanoi and Ho Chi Minh City with the participation of NTP and National Drug Information and Adverse Drug Reactions Center (NDI&ADRC) to review implementation of the triage and treat protocol, including aDSM of new drugs and regimen in three sites implementing BDQ treatment as well as treatment with the 9-month regimen, to prepare the protocol for the 2nd National TB Prevalence Survey and to discuss implementation of continuous surveillance for drug-resistant TB and other progress in operational research. Recommendations were made for NTP staff.

Sub-Obj 5. Infection control

- Improved TB-IC measures in district health facilities with TB-HIV integrated services: TBIC facility assessment has been conducted in 10 districts with high number of MDR-TB patients or TB-HIV integrated services. The TBIC improvement plans have been developed by the district staff and reviewed by the provincial and CTB staff.

Technical/administrative challenges and actions to overcome them:

The recently hired technical officer left the project in May. CTB/KNCV Vietnam hired additional project support staff to ensure smooth project implementation.

2. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TA to monitoring and routine data collection and MTB\RIF cartridge supply	2.4.2	3 NTP GXP TWG meetings	3 NTP GXP TWG meetings	3 NTP GXP TWG meetings	12 NTP GXP TWG meetings (cumulative)	Monthly meetings of the GeneXpert TWG and PMDT were held. From Q2.2016, CTB/KNCV TA to collection of routine reports on Xpert testing and cartridge supply is combined with KNCV TA to e-TBM implementation and data quality control over 63 provinces in the country.	Met	
Local TA to laboratory biosafety improvement in PMDT provinces and TB-HIV collaboration (2 in 1): layout, renovation, practice (APA1 continuation)	2.7.1	1 PMDT province: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	2 PMDT province: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	2 PMDT provinces: Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	5 PMDT provinces (cumulative): Lab and MDR-TB treatment renovation plans (layout designs) are ready for NTP/local authorities to provide financial support	CTB provided technical support in risk assessment, the layout designs for lab biosafety level 2 and MDR-TB departments and development of the renovation plans in 5 PMDT provinces of Binh Dinh (in Jan 2016), Bac Ninh, Phu Tho, Lang Son and Ha Nam (in April 2016). With the local and Global Fund investment, the renovation plans in 5 PMDT provinces were implemented. The labs and MDR-TB treatment departments in the TB hospitals in 5 PMDT provinces have been renovated and put into use for TB and MDR-TB diagnosis and treatment.	Met	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TA to roll out childhood TB policies and evaluation of updated childhood TB policies	3.1.1				1 TA mission visit and 1 supportive supervision		N/A	According to the workplan, this activity will be implemented in the last quarter (from 12-16 Sep)
Dissemination of the Union's Child TB on-line training for health workers in Vietnamese	3.1.2	Translation	Translation and finalization	Dissemination	Dissemination	The materials of the Union's Child TB on-line training course for health workers have been translated into Vietnamese. These materials will be reviewed by NTP board, finalized and uploaded on the UNION website in the next quarter	Partially met	The activity was delayed due to the UNION's delay in provision of training materials for translation and instruction (23 June 2016).
Evaluate effect of new national childhood TB strategy on notification of childhood and treatment results in children	3.1.3	Development evaluation protocol	Development evaluation protocol	Data collection	Data collection and analysis	The evaluation protocol was approved by the NTP Research and Ethical committee. Data have been collected in June to be continued in July -August.	Partially met	Data analysis and report writing will be done in September.
Systematic TB screening among industrial worker (miners) integrated into occupational health procedures	3.1.4		Training conducted	Systematic TB screening implemented	Monitoring and TA provided to support NTP and VINACOMIN health facilities	Collaboration framework and training materials completed. Coordinating team consisting of Vinacomin and NTP was established	Partially met	Delay is due to availability of technical staff from mining health center. The training is re-scheduled to early July (2 days), followed by implementation.
Improvement of MDR-TB treatment quality	3.2.1	Local TA	Local TA	Local TA	1 international TA and local TA	With CTB technical support, the guidelines and SOPs for implementation of pre-XDR and XDR-TB treatment have been developed. CTB has provided TA in implementation of new drug (BDQ) and shorter	Met	

					<p>regimen (9 month) and roll out of PMDT to new provinces, improvement of PMDT by utilizing eTB manager for quarterly interim cohort analysis (QICA).</p> <p>In this quarter, 22 pre XDR-TB and XDR-TB patients were started on BDQ-containing regimens making a total of 45 patients since the beginning of the pilot. The cumulative total of 66 MDR-TB patients were started treatment with 9-month-regimen.</p> <p>One international mission was conducted from 30 May to 3 June 2016 in Hanoi, Ho Chi Minh city, An Giang and Can Tho with the participation of NTP, NRL and KNCV to provide TA on national guidance on MDR-TB CI; application and outcomes of QICA among enrolled MDR-TB patients; implementation of the diagnostic chain and the patient triaging protocol, including implementation of aDSM. Several recommendations were made including strengthening patient triage, assistance to contact investigation, shortening patient waiting time, DCA, QICA, the use of e-TBM and support for Can Tho (Start to take action</p>		
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						from next quarter)		
TA to introduction of new drugs and regimen (9 months)	3.2.2		1 international TA mission			One international mission was conducted from 30 May to 3 June 2016 in Hanoi and Ho Chi Minh City with the participation of NTP and the NDI&ADRC to introduce the new drugs and regimen. Recommendations were made to for NDI&ADRC and NTP related to patient triage, aDSM Rsfor BDQ and shorter regimen and ORs.	Met	
TA to the integration of TB and HIV care	3.2.3		1 international TA mission visit and 1 training	2 trainings		In this quarter, all preparation (TOR, working agenda, administrative formalities) were done for this TA. Training materials and training curricula were prepared in collaboration with VAAC for 3 training on TB-HIV collaborative activities	Partially met	This STTA will be conducted in the next quarter from 11-15 July. 3 trainings on TB-HIV collaborative activities are schedule in August

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TBIC improvement in support of PDMT expansion and TB-HIV collaboration (2 in 1) (APA1 carried over and continuation)	5.1.1				TBIC measures implemented in 10 districts with TB-HIV collaborative activities	TBIC facility assessment has been conducted in 10 districts with high number of MDR-TB patients or TB-HIV integrated services. The TBIC improvement plans have been developed by the district staff and reviewed by the provincial and CTB staff. These TBIC improvement plans will be implemented in the districts in the next quarter	N/A	According to the workplan, this activity will be implemented and reported in the last quarter
TB IC surveillance implementation and roll out	5.2.1				Annual data from 67 national and provincial TB Units and 700 DTUs collected and analyzed		N/A	According to the workplan, this activity will be implemented and reported in the last quarter

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TA to expanded management of LTBI in all household contacts of TB and MDR TB patients and workshop to discuss and finalize the guidelines, SOPs, curricula and materials for contact investigation to include all	6.1.1				Workshop conducted		N/A	According to the workplan, this activity will be implemented and reported in the last quarter

household contacts of TB and MDR TB patients								
Training on reading for radiologists, pediatricians, provincial and district TB staff, particularly in childhood TB project provinces	6.1.2			1 training	2 trainings	CTB has worked with NTP to develop the training curriculum and training materials. 3 trainings are scheduled in August and early September	Partially met	According to the workplan, 2 trainings will be implemented and reported in the last quarter
CAD4TB validation in Vietnam (Computer Aided Detection for TB - Rapid diagnosis of TB with computerized reading of chest radiographs) in 2 provinces	6.1.3		Develop validation protocol	Develop validation protocol and approval process	Training in 2 selected provinces (4 selected major clinics).	The draft validation protocol has been developed by CTB. This draft was reviewed by KNCV technical group at headquarter and presented to NTP. The NTP proposed to conduct this validation in the 2 nd TB Prevalence Survey (TBPS). However, the 2 nd TBPS is uncertain in funding support. Thus this validation was cancelled.	N/A	This activity had been cancelled.

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Assessment of a new policy on HI for TB care services (estimated to be effective since Oct 2015) (follow- on activity of APA1); assessment and revising the PPM circular	7.2.1			Checklist and tools developed	Assessment organized	Checklist and tools are being finalized	Met	Assessment is scheduled in late August

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Project monitoring and supervision for CTB country staff (KNCV)	8.1.2	Local TA and Project supervision	Local TA and Project supervision	Local TA and Project supervision	Local TA and Project supervision	<p>In this quarter, CTB country team in collaboration with USAID and FHI360, conducted site assessment on TB-HIV collaborative activities in Dien Bien province (PEPFAR priority province) (6-7 April). The assessment report and TB-HIV collaborative framework are available for the local health TB and HIV authorities to prepare action plan to improve TB-HIV activities in the province.</p> <p>CTB staff conducted the supportive supervision on ND & SR and eTBM implementation in Ho Chi Minh City (21-22 April and 26-27 May), Can Tho province (25-26 April), Hanoi (28-29 April and 20 May) and Hai Phong (25 May).</p> <p>CTB staff conducted onsite TA for TBIC improvement plan of 10 districts in 3 provinces: Soc Trang, Nam Dinh, Tay Ninh.</p>	Met	
International meeting/workshop (WHO-WPR, Union, etc.)	8.1.3		Meeting		Meeting	NRL representative and CTB staff attended the CTB Laboratory Capacity Building Workshop in the	Met	

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
						Hague, the Netherlands from 27 June to 02 July 2016		
Project monitoring and supervision for CTB country staff	8.1.4	Project supervision	Project supervision	Project supervision	Project supervision	Field visit to facilitate sensitization meeting with leaders of VINACOMIN and Quang Ninh TB hospital Technical assistance to develop collaboration framework, training materials, assessment tools	Met	

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
International TA to further harmonization of HIV-TB R&R systems, VITIMES development and TB, TB-HIV surveillance development	10.1.1		1 international TA mission			TA Mission was carried out from 11-15 April 2016 in Hanoi and Ho Chi Minh City with the participation of NTP and VAAC to support for TB/HIV surveillance, particularly HIV surveillance action plan development. Recommendations were made including following-up on the HIV surveillance action plan, deciding on the TB/HIV collaborative indicators to report on and piloting the interoperability between Vitimes and eTB Manager.	Met	

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
International and local TA to the 2nd TB Prevalence survey (2016/2017)	10.2.1	Local TA in support NTP in protocol preparation phase	Local TA in support NTP in protocol preparation phase	1 International TA mission visit and Local TA in support of NTP in protocol preparation phase	Local TA in support NTP in protocol preparation phase	CTB\KNCV staff have provided frequent TA to NTP in Hanoi in preparation of protocol for the 2 nd National TB Prevalence Survey. Recommendations were made including calculating the adjusted TB prevalence needs on morning smear, culture-positive TB; checking several data with GSO; organizing a panel of experts to check all proposed case definitions if correct and complete; finalizing data management plan and starting preparations for next TA mission.	Met	
International and local TA to establishment of continuous surveillance system on TB drugs resistance and other ORs	10.2.2			TA combined in 3.2.2 and 10.2.1		International TA mission was conducted in Hanoi to discuss implementation of continuous surveillance for drug-resistant TB and other progress in operational research with NTP. Recommendations were made including setting up DR TB surveillance system, protocol and software development; preparation of OGS transportation medium research (Start to take action in 2016).	Met	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
Scaling up MDR TB control and prevention in Vietnam	A2	A1	US\$ 39,757,599	US\$ 39,757,599	US\$ 13,569,366

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

- Evaluation of current period:
 - Expenditure rate achieved at 72% because (i) procurement packages were only paid 30-70%, (ii) delayed some activities, (iii) PATH's withdrawal as GF sub recipient, (iv) exchange rate difference between budget and reality. In 2015, the Grant confirmation was signed on 1 September 2015, after receiving the Grant confirmation, after that, the Government have the approval decision for the project (5 November). After receiving the Approval Decision by the Government, the MoH organized the review meeting and after issued the approval decision on 18 November 2015. In accordance to the policy, the project could only submit the PSM plan to the MoH for approval after receiving the approval decision by the MoH. That's why the project only had the MoH approval for last 6M 2015 PSM plan on ending November and then conducted all steps of PSM plan. NTP almost signed contracts with procurement provider in ending December 2015, and transfer the advantages of the procurement packages in ending December. NTP completed all the procurement package in first 6 months of 2016;
 - Regarding programmatic indicators, despite NTP staff's effort, the indicator targets were too high to be achieved although a few of indicators were achieved as committed.
 - Regarding financial performance, BRAVO software was upgraded; however, because of limited time since the GF informed the revised PUDR template, a number of functions have not met requirement. A number of recommendations from the GF have not been fully met, such as, in cash advance, VAT refund on time.
- Difficulties/ Challenges:
 - Ambitious target of MDR-TB enrollment in 2016
 - Expansion of PMDT provinces
 - Policy of no incentives for governmental officer from 2016 onward
 - Low cost norm ((In the GF round 9, NTP used the UN cost norm. In the GF NFM, the NTP was requested to use the Vietnamese cost norm. It is much lower compared with UN one).
 - Priority of high impact intervention, so fund shortage of other activities related training, survey, ACSM, etc.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

CTB has provided technical support to NTP in the implementation of the GF NFM project in the following main areas:

- PMDT implementation and roll out including introduction of new drug (Bedaquiline) and shorter regimen (9 month regimen)
- Childhood TB implementation and roll out
- Laboratory strengthening
- TB and HIV collaborative activities

- Policy development: A regulatory document for sustaining funding for TB has been issued (the circular No. 4/2016/TT-BYT dated 26 Feb 2016 on regulations on medical examination and treatment, and payment of health insurance-related tuberculosis diagnosis and treatment)

KNCV-HQ has worked with the GFATM Geneva and US\CDC to mobilize funding for the 2nd national TB prevalence survey in Vietnam in 2016-2017.

4. Success Stories – Planning and Development

Planned success story title:	There is no success story in this quarter
Sub-objective of story:	
Intervention area of story:	
Brief description of story idea:	
Status update: complete	

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	N/A	578	(*) : Diagnosed in previous quarter and enrolled in MDR treatment in this quarter
Total 2012	774	713	
Total 2013	994	957	
Total 2014	1,702	1,522	
Total 2015	2,558	2,131	
Jan-Mar 2016	818	572	
Apr-Jun 2016	674	868 (*)	
Jul-Aug 2016			
To date in 2016	1,492	1,440	

Table 5.2 Number of pre-/XDR-TB cases started on Bedaquiline (BDQ) or Delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	Not applicable	
Total 2015	3	Not applicable	
Jan-Mar 2016	20	Not applicable	
Apr-Jun 2016	22	Not applicable	
Jul-Aug 2016			
To date in 2016	42		

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						NTP data of Q2 of 2016 (Apr-Jun) is not yet available in the NTP RR system. It takes time to collect the quarterly reports from district level: Districts submit the report to
	Hà Nội	621	464				
	Hải Phòng	456	368				
	Hà Nội 2	488	409				
	Ninh Bình	220	178				
	Thái Nguyên	212	177				
	Điện Biên	34	20				

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
	Thanh Hóa	706	612				provinces and from provinces to national. Not all districts implemented e-surveillance (Vitimes).
	Nghệ An	659	692				
	Đà Nẵng	389	353				
	Bình Định	359	366				
	B. rị a-V. Tàu	303	306				
	Bình Thuận	405	407				
	Đồng Nai	909	903				
	TP.HCM	4,061	3,596				
	An Giang	989	1,051				
	Cần Thơ	450	492				
	Tiền Giang	417	562				
	TB cases (all forms) notified for all CTB areas	11,678	10,956				
	All TB cases (all forms) notified nationwide (denominator)	24,581	22,881				
	% of national cases notified in CTB geographic areas	47.5%	47.9%				
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
1	KNCV	Steve Graham, Associate Professor of International Child Health, University of Melbourne Department of Pediatrics - Chair of WHO Childhood TB sub-group				x	1. Provide TA and supportive supervision to roll out childhood TB policies nationwide 2. Provide TA in evaluation of effect of new national childhood TB strategy on notification and treatment results in children	Pending			According to the approved workplan, this STTA is scheduled in Q4 (from 12-16 September 2016)
2	KNCV	Mamel Quelapio - KNCV senior consultant (TA mission on PMDT)		x			Provide TA to implementation and roll out PMDT, especially new TB drugs and regimens	Complete	June 4 th , 2016	5 days	
3	KNCV	Agnes Gebhard - KNCV senior consultant (TA mission on TB-HIV)			x		TA to the integration of TB and HIV care	Pending			This STTA is scheduled in Q4 (from 11-15 July)
4	KNCV	Edine Tiemersma - KNCV senior consultant (TA mission 1 new drugs OR and PV)			x		Provide TA to implementation, M&E, OR and PV (Quarterly monitoring and on the job support to implementation and data collection; analysis and policy development) for new drugs and regimens	Complete	June 7 th , 2016	10 days	
5	KNCV	Job van Rest - TB surveillance consultant - KNCV			x		Provide TA to further harmonization of HIV-TB R&R systems, VITIMES development and TB, TB-HIV surveillance development	Complete	April 15 th , 2016	5 days	
6	KNCV	Job van Rest - TB surveillance consultant - KNCV				x	Provide TA to protocol development and data management, quality assurance of data collection/field monitoring and data analysis for the 2nd	Cancelled			This STTA was cancelled as the 2 nd TBPS was delayed.

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q 4					
							national prevalence survey				
7	KNCV	Mamel Quelapio - KNCV HQ Technical Focal person for Vietnam			X		Provide support for preparation of CTB APA3 work plan	Pending			This STTA is approved through MOT and scheduled in Q4 (from 11-15 July)
8	KNCV	Jan Willem Dogger – Senior Portfolio Manager		X			CTB general management	Complete	25 February 2016	5 days	
9	KNCV	Jan Willem Dogger – Senior Portfolio Manager			X		Provide support for preparation of CTB APA3 work plan	Pending			This STTA is approved through MOTs and scheduled in Q4 (from 11-15 July)
10	KNCV	Mar Koetse – KNCV Financial Officer				X	Internal audit of CTB/KNCV finance	Pending			This STTA is scheduled in Q4 (25-28 August)
11	KNCV	To be confirmed				X	Provide clinical training on NDR&R in Vietnam	Pending			This activity is scheduled in Q4 (from 19-30 September)
Total number of visits conducted (cumulative for fiscal year)								4			
Total number of visits planned in approved work plan								11			
Percent of planned international consultant visits conducted								36%			

7. Quarterly Indicator Reporting

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	NTP	annually	2 - NTP NSP 2015-2020 including lab component available and approved in Mar 2014 (includes a detailed budget)	NTP NSP 2015-2020 including lab component available (approved in Mar 2014 (includes a detailed budget)) and used to prioritize, plan and implement interventions	NTP NSP 2015-2020 including lab component available (approved in Mar 2014 (includes a detailed budget)) and used to prioritize, plan and implement interventions.	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	NTP, Challenge TB (pilot)	annually	0% (0/2) Out of 2 TB Reference laboratories, 0 are performing lab quality management system	NA	NA	Due to budget limitation, Challenge TB is not able to invest in this area. CTB will continue collaboration with partners, and monitoring the status
2.2.7. Number of GLI-approved TB microscopy network standards met	NTP, Challenge TB (pilot)	annually	Not evaluated (2015)	NA	NA	Due to budget limitation, Challenge TB is not able to invest in this area. CTB will continue collaboration with partners, and monitoring the status
2.3.1. Percent of bacteriologically confirmed TB cases who are tested	NTP, Challenge TB (pilot)	annually	3% (1,702/58,880; NTP 2014)	NA	NA	
2.4.1. GeneXpert machine coverage per population (stratified by Challenge TB, other)	Public health/all	annually	1.4M/GeneXpert (2014)	1.0M/1GeneXpert	1.3M/1 GeneXpert (NTP 2015, 92M/72 GeneXpert systems)	
2.4.2. #/% of Xpert machines that are	Public	annually	100% (2015, 56	100% (2016, 76	62.5% (NTP 2015, 45/72 GeneXpert systems)	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
functional in country (stratified by Challenge TB, other)	health/all		machines)	machines)		
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	NTP	annually	20 TB laboratories in PMDT provinces (2015, cumulative)	25 TB laboratories in PMDT provinces (APA2, cumulative)	NA	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	NTP	Quarterly and annually	102,070 (NTP, 2014) The data by settings is not applicable in the NTP surveillance system	NA	22,634 (CTB targeted areas; Oct 2015 - Mar 2016)	
3.1.4. Number of MDR-TB cases detected	NTP	Quarterly and annually	1,702 (NTP, 2014)	NA	813 (NTP data for Jan-Mar 2016)	
3.1.7. Childhood TB approach implemented	NTP	annually	2 (2014, childhood TB is an integral part of the NTP strategic plan and regular activities in selected provinces)	3 (2015)	3 (2015)	
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)	NTP, CTB (WHO)	annually	NA	5 (in pilot area)	NA	This indicator will be measured by end of APA2.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.20 % of occupational health referrals that reach the health facility and are screened for TB Numerator: # of miners that have been referred for TB screening that arrive at the health facility and are screened for TB Denominator: # of miners that have been referred for TB screening	NTP, CTB (WHO)	annually	NA	>95% referrals received and screened for TB	NA	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	NTP	annually	91% (NTP, cohort 2013)	NA	NA	
3.2.4. Number of MDR-TB cases initiating second-line treatment	NTP	Quarterly and annually	1,562 (NTP, 2014)	NA	NA	
3.2.7. Number and percent of MDR-TB cases successfully treated	NTP	annually	70% (NTP, cohort 2012)	NA	NA	
3.2.14. % of health facilities with integrated or collaborative TB and HIV services	NTP, VAAC	annually	0 districts (APA1)	12 districts (APA2)	NA	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.2. #/% of health facilities implementing TB	NTP, CTB	annually	20 MDR treatment departments in PMDT	25 MDR treatment departments	NA	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
IC measures with Challenge TB support (stratified by TB and PMDT services)			provinces (2015, cumulative)	(cumulative) in PMDT provinces and 10 TB-HIV district facilities in TB-HIV integrated area (APA2)		
5.2.1. Status of TB disease monitoring among HCWs	NTP	annually	2 (2014)	3 (2015)	3 (2015)	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	NTP	annually	23/7779 (0.3%) (NTP, 2013)	NA		CTB supports NTP to collect this data, will be updated when available

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	NTP	annually	2,134 (2014) (NTP Annual report 2014)	NA	NA	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annually	NA	NA	NA	
7.2.13. SOP for implementation of funding for transitional period is developed	NTP, CTB (WHO)	annually	No	Yes	NA	This indicator will be measured by end of APA2.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	NTP	annually	3 (NTP Annual report, 2014)	3 (NTP Annual report, 2015)	3 (NTP Annual report, 2015)	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	NTP, Challenge TB	annually	NA	NA	NA	
8.2.1. Global Fund grant rating	NTP, Challenge TB	annually	A2 (GF, 2014)	NA	NA	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	NTP, Challenge TB	annually	0 (NTP Annual report 2014)	NA	NA	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	NTP, Challenge TB	annually	3 (2014)	3 (2015)	NA	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	NTP, Challenge TB	annually	Yes (2013) (3 standards were met, 2 were partially met, 6 were not met, and 2 need further assessment)	NA	NA	
10.2.6. % of operations research project funding	NTP, Challenge TB	annually	NA	Not applicable	Not applicable	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
provided to local partner (provide % for each OR project)						
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	NTP, Challenge TB	annually	NA	Not applicable	Not applicable	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	NTP, Challenge TB	annually	NA	200	203 (90 Males, 113 Females) (Oct 15 – Jun 2016)	
11.1.5. % of USAID TB funding directed to local partners	NTP, Challenge TB	annually	NA	NA	NA	